

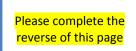
☐ General Amendment

Receipt Signature:_

□ Mail

☐ Pick Up





County of San Diego - Health and Human Services Agency Public Health Services - Office of Vital Records and Statistics APPLICATION FOR A DEATH CERTIFICATE, DISPOSITION OF HUMAN REMAINS,OR CERTIFICATION OF NO PUBLIC RECORD

\$24.00 Fee per Certificate/\$12.00 per Burial Permit

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individuals awho are no certified co	as listed ot autho opy mai If we ca	on the application on the application of the contract identify the contract identifies the contract	afety Code, Section to receive cert receive a certifie FIONAL, NOT A e record based on nd issue a "Letter	ified copies o d copy will re VALID DOCL the informat	f Death Re eceive an i JMENT TO ion you pr	ecords. Those informational D ESTABLISH		-	E ONLY f processed in person:		
applica <i>indicat</i>	ation fo t e your i	rm. <i>(In order</i> a	fied Copy of the roor receive a Cer e person named of	tified Copy, y	you must	on the	ould like an Informational Certified Copy of the record identified the application form. (You are not required to select from the below or complete the statement of identity.)				
I am:		The parent or legal guardian of the registrant (Legal guardian must provide documentation.)									
		A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.									
		A child, grandparent, grandchild, sibling, spouse, or State Registered domestic partner of the registrant. (Or Relative described in HSC§7100 (a)(1)-(8))									
		Surviving Next of Kin (specified in HSC §7100 (a)(1)-(8))									
		An Attorney representing the registrant or the registrant's estate, or Executor of the Registrant's Estate or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. (Include a copy of the power of attorney, or documentation identifying you as executor with this application form)									
Any agent or employee of a funeral paragraphs (1) to (5), inclusive, of su Funeral Establishment name:									ns specified in		
APPLICANT	INFORN	MATION (PLEASE	PRINT OR TYPE)								
Name of Person Completing Application					To		Telephone Number – (Area Code First)		First)		
Address – Number, Street					City		State	ZIP Co	de		
DECEDENT'S	S INFOR	MATION (PLEASE	PRINT OR TYPE)								
Name of Decedent – First (Given) Middle				le	L			Date of	Date of Death		
Number of (Copies R	dequested:									
TO BE COMPLETED BY FUNERAL ESTABLISHMENT OR COL							Registration #				
DC Physician				Search	Fee	\$	ВР	Ś			

VR DC 03/2023 Page 1 of 2

Fetal

BN #_

VA

Fax fee _

Stillbirth_

BY:_____ DATE: _

SWORN STATEMENT

record of the following individual(s):	eaith and Safety Cod	e, Section 103526 (c), and am eligible to rece	ive a certified copy of the death	
Name of Person Listed on Cer	rtificate	Number of Copies	Applicant's Relationship to Person Listed on Certificate		
Subscribed to this day	<i>r</i> of	, 20 , at		, .	
Subscribed to this day (Day)	(Month)	(Yr)	(City)	(State)	
Note: If submitting your order by mail and requesting Acknowledgment below. The notary is only verifying Only one notarization is required even though the prequest, Registrant on another request, etc.). A notary public or other officer completing to certificate is attached, and not to the truthful and not to the completions.	ng the identity of the requestor may have a	person requesting to different authorize sonly the identity o	he copy not the relationsh d relationship to each bei f the individual who signe	nip to the registrant. ng requested, (i.e. Mother on one	
		OF ACKNOWLED			
	_ County of				
State of					
On bef		(Insert n	ame of the officer)		
	o the within instru at by his/her/their : rument. I certify u	(Insert n who proved the ment and acknow signature(s) on the inder PENALTY OF	ame of the officer) to me on the basis of wledged to me that he e instrument the perso F PERJURY under the la	, Notary Public, satisfactory evidence to be the /she/they executed the same in n(s), or the entity upon behalf of	
On before the person of	o the within instru at by his/her/their : rument. I certify u	(Insert n who proved the ment and acknow signature(s) on the inder PENALTY OF	ame of the officer) to me on the basis of wledged to me that he e instrument the perso F PERJURY under the la	, Notary Public, satisfactory evidence to be the /she/they executed the same in n(s), or the entity upon behalf of ws of the State of California that	

Please mail this request along with your payment (check or money order payable to County of San Diego Public Health Services) to:

County of San Diego Vital Records P.O. Box 429001 San Diego, CA 92124